NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _09/971163_

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				___	710	710
Total Claims >20	203/103	29	-20 = 9	X	___	22	198
Independent Claims >3	202/102	4	-3 = 1	X	___	82	82
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	130	130
English Translation	139						___

TOTAL FEE CALCULATION   1200

Fees due upon filing the application:

Total Filing Fees Due = $ _____ 1200

Less Filing Fees Submitted - $ _____ 0

BALANCE DUE = $ _____ 1200

_____
Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY TYPE [ ] RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	*21* minus 20 =	*	x$11=		OR	x$22=	178
INDEPENDENT CLAIMS	*4* minus 3 =	*	x41=		OR	x82=	82
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	
			TOTAL		OR	TOTAL	1070

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	* 35	Minus	** 29	= 6	x$11=		OR	x$22=	108
Independent	* 5	Minus	*** 4	= 1	x41=		OR	x82=	80
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	188

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.